

ORDER FORM FOR CERTIFICATION DOCUMENTS

AWS MEMBER NUMBER				
AWS CERTIFICATION NUMBER				

Last Name First Name												
Address - Check one: ☐ Home Address ☐ Business Address (Note: Address on file WILL NOT change)												
City and State	/ Provin	ce / Country								Zip Code		
Home Telepho	ne Num	ber		Work Telep	hone Numb	er		Mobile Tele	ephone Nur	mber		
Email Address U.S. Social Security Number (las										st 4 only)		
								x x	x x	x		
1. Please check the appropriate box and indicate the quantity needed (max. of 2 per 12 months).												
	COST	CAWI/CWI/ SCWI	CRI	CWE	cws	CWSR	CWEng	CRAW	Welder		TOTAL	
		QTY.	QTY.	QTY.	QTY.	QTY.	QTY.	QTY.	QTY.			
Wallet Card	\$25.00										\$	
Certificate	\$15.00										\$	
Stamp	\$30.00										\$	
Express Shipping	\$60.00	Express shipping is ONLY available for international customers. If not paid, order will be sent using standard mail.									\$	
TOTAL AMOUNT:										\$		
*Letter verifying credentials may not always be available for expired certifications. In the event that a letter cannot be provided, a refund will be issued.										ssued.		
2 State the	reason	you need the	dunlicate	c).					DEAG	ON IS REQ	IIDED	
Z. State the	Teason	you need the	uupiicate(3).					NLAS	ON 13 NEQ	JIKLD	
Please note, as an AWS certified individual, you must adhere to the AWS QC1 section on Code of Ethics, Rules of Conduct, and Practice. Particularly, clause 11.2.3 which states the following: Will not falsely represent current status nor seek to misrepresent the certification level (SCWI/CWI/CAWI) by modification of certification documents or false verbal or written testimony of current level or status, or utilize the certification stamp or number connected to a lapsed or terminated SCWI, CWI, or CAWI status.												
Please submit this form to <u>certification@aws.org</u> .												
3. Method Of Payment- ALL CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO AWS. AWS USE ONLY								1				
PAYMENT MUST ACCOMPANY YOUR APPLICATION												
Check or money order #									Acct #:			

NAME ON CARD:

___/_____________Exp:______/____

☐ VISA ☐ MC ☐ AMEX ☐ Discover

SIGNATURE_

CVV: _____

Amount \$__